

## Neuroscience Graduate Program Academic Advisement Form

*This form is to be submitted prior to the start of Fall and Spring semesters of your first year*

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Local Address: \_\_\_\_\_  
*(Street)* *(City/State)* *(Zip Code)*

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_ Semester: \_\_\_\_\_  
*(Please print)*

<b>DEPT</b>	<b>COURSE</b>	<b>CLASS #</b>	<b>UNITS</b>	<b>DAYS</b>	<b>TIME</b>	<b>PROF</b>

Approval \_\_\_\_\_ Date \_\_\_\_\_  
*(Academic Advisor signature)*

Agreement \_\_\_\_\_ Date \_\_\_\_\_  
*(Student's signature)*